

## **Impact on Victim of Baby J/RCA Series**

There is no official impact statement from the victim as she was four to five years of age at the time of the video production. Since the arrest of her father in February of 2002, the victim, Baby J has been receiving constant psychological therapy in connection with the abuse. At the request of the family and the psychologist, an impact statement has not been taken from her due to the fear that it would jeopardize any progress made during her years of counseling. Victim has not been told that her images in the RCA/Baby J Series are being downloaded from the Internet daily by pedophiles world-wide. However, as she has become a teenager, and is actively computer literate, she may know the entire story if she were curious enough to research her father on the Internet. Such a search includes her father's arrest and how he distributed the video, the images finally ending up on the Internet. It can be found easily by doing a Google search for him.

The following information is a summary of my on-going contact with Victim's mother and her therapist.

Even though I saw her on a regular basis since she lived just down the street from me, I have not spoken with Victim since the day I arrested her father. I have, however, on several occasions met with Victim's mother. On April 17, 2009, Victim's mother stated that Victim is having problems with concentrating, which may be the result of the abuse. At that time she was an eighth grader at the local middle school and was still actively involved in on-going counseling. Her mother thinks that the counseling will continue for an indefinite period of time as several issues have still not been resolved even after six years of counseling. She did not specifically name the unresolved issues. There has been absolutely no contact between Victim or her mother with the father since he was sentenced to prison.

Her mother stated that it is difficult being a single parent. She is concerned about Victim reaching the age when she is interested in using the computer to investigate people and topics that could interfere with any progress that has been made through therapy.

My most recent meeting with her mother was on September 20, 2010; not much has changed since my last meeting with her. She did say, however, that Victim has moved from her "Goth" period of dress, hair color and style to a mode of dress and hair represented by the "Anime" cartoon characters which she has begun to draw. Her mother has told her that the Anime style is not appropriate in all situations. Victim's response to her mother was that it was not her problem, it was society's problem.

The last time I spoke with the mother, she **does not** want or the victim to be contacted concerning any future prosecutions—she does not want the past to interfere with Victim's progress. Victim was still struggling—she has not yet grasped the idea that her father did something that was not in the best interest of his own four to six year old daughter. Since that time, I have lost contact with the family and the victim has turned 18 yrs old.

In August of 2009, after receiving a release from Victim's mother, I met with and interviewed Victim's current psychologist who is a board Certified Expert in Traumatic Stress and is the Director of Clinical Services at Turning Points Counseling in Toccoa, Georgia. I was interested in her on-going therapy, treatment, and clinical diagnosis.

The Doctor advised that she, along with several other psychologists and psychiatrists, has been providing services to Victim since 2003. They all agree with The Doctor's diagnosis of Post Traumatic Stress Disorder, Body Dysmorphic Disorder and Clinical Depression. It is likely that Victim will require continued psychological treatment into her adulthood. This is all a direct result of the exploitation and perpetration she experienced in early childhood at the hands of her father.

The Doctor provided this information plus a more detailed written description of her diagnosis and future treatment needs which I will bring to court if and when I am needed.

I spoke with the Doctor again on April 6, 2010 about Victim's progress. Victim now attends the local high school in Stephens County and is presently receiving failing grades and she is unwilling to ask for help from others. She will not bring her schoolwork to her counseling sessions as the Doctor has suggested.

The Doctor feels that Victim's condition is deteriorating and has begun to internalize as she is not talking as much as she had before. In lieu of friends, she has conversations with imaginary figures. She has only one human friend with whom she talks—this friend lives in the northeast so they seldom see each other.

There is no "nourishing relationship" between daughter and mother. Victim now claims to hate her mother and thinks she is weak. Attempts to remedy this situation through counseling have failed.

The Doctor feels that Victim has become asexual as she wants no part of any type of relationship with anyone.

Victim does not want to be seen by people and attempts to make her self invisible. Before entering the counseling facility she leaves the car and sneaks up to the building using any cover available to avoid being seen. She will wait until there is no one in sight before slipping into the building for her counseling session.

On September, 15, 2010, I spoke with the Doctor again. She said that Victim has finally reached a point where she seems to be more trusting toward the doctor and has begun to admit that she has periods of depression. She had not revealed or admitted this until now. This gives the Doctor hope that the therapy sessions are finally making some progress. Victim has become very proficient in art and "Anime" cartoon drawings; she expresses her anger through her drawings. The relationship with her mother remains unchanged and the Doctor feels it is easier for Victim to be angry at her mother rather than at her father.

On October 14, 2010, I spoke with the Doctor and asked her to update her written diagnosis for Victim after this year of treatment. She noted no changes and gave me a notarized statement to that effect.

As I continue to see Victim out in the community, I have noticed that she always appears to be wearing unusual clothing, heavy chain-like jewelry, and very light makeup with extremely bright lipstick.

She carries a color coordinated parasol which matches the “anime style” of clothing she is now wearing. She appears to be making every effort to use clothing to cover as much skin as possible making her extremely over-dressed for the climate. This is a change from the “goth clothing” style in which she was dressing last year. The Doctor mentioned that her hair is a different color every time she comes to counseling.

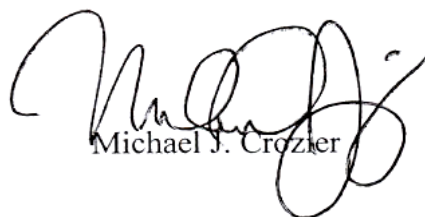
I spoke with the doctor again on August 22, 2011. She advised that she had closed the file on Victim and conducted the last therapy session with her during the last week in July. Victim and her mother have left the Toccoa area; they have moved to an unknown address in the northeast. Due to the move, I have lost all contact with the Victim and her mother. The Doctor stated that the diagnoses have not changed, but Victim has become more social with her peers.

After dealing with crimes against children for the last 25 of my 39 year career in law enforcement, I am not encouraged by Victim’s lack of progress in therapy and feel she will never be able to lead a normal life.

If you are in need of any further information, please feel free to contact me, Major Michael J. Crozier, Chief Deputy (Retired January, 2009), formerly of the Stephens County Sheriff’s Office (706-599-6244 or [mjcrozier@windstream.net](mailto:mjcrozier@windstream.net)). If you need to have me verify the actual images, please mail a CD with those images to

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With kindest regards, I am,  
Major Michael J. Crozier, Retired



Michael J. Crozier